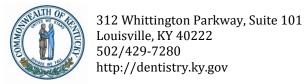
Fee	Date
Education	
Date Approved	

FOR KBD USE ONLY

Kentucky Board of Dentistry



APPLICATION FOR PUBLIC HEALTH REGISTERED DENTAL HYGIENIST

Please print in ink or type your responses. List your name as it appears on your license.

Name							
	Last/Suffix		Firs	t	Middle		
Kentud	ky license number		_				
Currer	t mailing address						
	Number & Street PO	Boxes Not Accept	able				
	City	State	ZIP	KY County	Phone #		
Public	Health Registered Dental Hygienis	t Requireme	nt.				
1.		records, ement by a dentiexperience; our documen	ployment reconst in the praction	ce of dental hygiene tha	t demonstrate th		
2.	For which Public Health Program (do you plan t	o work?				
3.				mpletion certificate.		Yes	No
If you	answer YES to any of questions 1-6	i, please atta	ch a full writte	n explanation.			
-	Has any dental hygiene license he	•		•			
	against it by any state board or go	vernment ag	ency?			Yes	No
2.	Are there any disciplinary actions	pending agai	nst your license	e by any state board or			
	government agency?					Yes	No
3.	Has a dental hygiene license ever	been denied	to you by any	state?		Yes	No
4.	Have you ever voluntarily surrend	lered your lic	ense while und	er investigation in any			
	state?					Yes	No
5.	Have you ever been convicted of a	a misdemean	or or felony?			Yes	No
6.			•			Yes	No
Attest	ation to be completed by the denta	al hygienist					
	ttest that I, the undersigned, have com		m and that the ir	nformation contained here	in is true and accu	rate to	
	e best of my knowledge and belief. I agi						
He	ealth Hygienist registration from the boa	ard. In the eve	nt that I receive	this registration, I agree to	adhere to and abi	de by	
al	of the statutes, rules, and regulations g	governing the p	oractice of Public	Health Hygienist by denta	al hygienists in Ken	tucky.	
	Signature of dental hygienist				 Date		
	orbitatare of actitui trybicinot				Date		

RETURN YOUR COMPLETED APPLICATION AND OTHER REQUIRED INFORMATION TO THE BOARD AT THE ADDRESS ABOVE.